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## **REPORT OF RECEIPTS AND DISBURSEMENTS**

SECRETARY OF THE SENATE DA ULT 22

For An Authorized Committee					Office Use Only API 11: 22			
NAME OF     COMMITTEE (in full)	TYPE OR PRIN		ample: If typir er the lines.	g, type	12FE4M5			
ADDRESS (number and structure)  Check if different than previously reported. (ACC)  FEC IDENTIFICATION  COO444	For USS	S. P. T. I. I. e.  CITY  3. IS THIS		/.e	Ky 4  STATE AMENDE	1	DISTRICT	
July 15 Qua  October 15  January 31	,	Election on	Primary (12P Convention (  M M M  T-Election Rep General (30G	port for the:	General (126 Special (128 Runoff (30R	in the State of	off (12R)	
5. Covering Period 07 2009 through 09 30 2009								
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  Type or Print Name of Treasurer Ruth Payne								
Signature of Treasurer Ruth Payne, Treasurer Date 70 75 2009								
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.								
Office Use Only						FEC FORM (Revised 02/200		